National Type Evaluation Program
Application No. 3 for Belt-Conveyor Scale Systems

Note: As of October 1, 2000, management of NTEP will be transferred from the National Institute of Standards and Technology (NIST) to the National Conference on Weights and Measures (NCWM). Beginning September 1, applications and fees must be submitted directly to NCWM.

Project No.	**Control No.**	**Lab No.**

Applicant

Name:

Address:

Zip Code:

Telephone: Representative:

General

Prototype Device ☐ Production Device ☐

Schematics submitted? ☐ Yes ☐ No

Operating Manual submitted? ☐ Yes ☐ No

Field Test ☐ Location: *Lab Requested:

For devices requiring field evaluation, the location of the field site must be indicated before application will be processed.

Model:

System or Device Description:

**** NTEP reserves the right to select the laboratory assigned to do the evaluation.***

A non-refundable application fee of $690 is due at the time of application. All NTEP fees are subject to change, contact the NIST Office of Weights and Measures for the latest fee schedules.

Signature_____ Title_____ Date_____

Prior to September 1, return application and fee to:

National Type Evaluation Program Applications
National Institute of Standards and Technology
100 Bureau Drive, Stop 2350
Gaithersburg, MD 20899-2350
Phone: (301) 975-4004 **Fax:** (301) 926-0647

❒ check (make check payable to "DOC/NIST")
❒ purchase order; indicate purchase order number:
_____
❒ Visa ❒ MasterCard
❒ Discover ❒ American Express
Card Number:_____
Exp. Date:_____

Name of Cardholder:
_____

Beginning September 1, return application and fee to:

National Conference on Weights and Measures (NCWM)
15245 Shady Grove Road
Suite 130
Rockville, MD 20850-3222
Phone: (240) 632-9454 **Fax**: (301) 990-9771

❒ check (make check payable to "NCWM")
Purchase orders will not be accepted.

❒ Visa ❒ MasterCard ❒ American Express

Card Number:_____
Exp. Date:_____

Name of Cardholder:
_____

Weighing Element

List the characteristics of the specific weighbridge being submitted for the type evaluation.

_____

_____

Model: _____ Serial Number: _____

Number of idlers: _____ Idler Spacing: _____

Belt Loading (lb/ft): Maximum _____ Minimum _____

Belt Speed (ft/min): Maximum _____ Minimum _____

Scale Capacity (tons/h)*****: Maximum _____ Minimum _____

Static Scale Capacity (lb): Maximum _____ Minimum _____

Weighbridge Length: _____ Belt Width: _____

The system submitted for laboratory tests shall be operated at the minimum excitation voltage and output specified by the manufacturer.

***** Must equal:

$$\frac{(\textit{Belt Loading})\ (\textit{Belt Speed})\ x\ 60}{2000}$$

Load Cell Data

Manufacturer: _____

NTEP CC No. _____

Type: ____ Strain Gage ____ Inductive ____ Hydraulic

____ Tension ____ Compression ____ Other

Model: _____ Capacity: _____

Quantity (no. of cells): _____ mV/V: _____

Cell Excitation: _____ μV/d: _____

Master Weight Totalizer

Model: _____ Serial No: _____

Manufacturer: _____

Rate of Flow Indicator

Model: _____ Serial No: _____

Manufacturer: _____

Provision for On-Site Verification of Calibration

Describe how the calibration is verified, (e.g. onsite weighbin or test chains).

_____

_____

_____

Features

Identify which metrological features are standard and which are optional, (e.g., automatic zero-setting mechanism - standard).

_____

_____

_____

_____

_____

_____

Other Models, Capacities, and Sizes in Series

Models								
Model Number*	**Belt Loading (lb/ft)**		**Scale Capacity (tph)**		**Weighbridge Length (in)**	**Belt Width (in)**		**No. of Idlers**
	Min	**Max**	**Min**	**Max**		**Min**	**Max**	
Belt Speed for Family	**Minimum**				**Maximum**			

* If the model designation is complicated, please explain the model number designation in the space provided here: